m/003/037

Michael O. Leavitt Governor Lowell P. Braxton Division Director

1594 West North Temple, Suite 1210 PO Box 145801 Salt Lake City, Utah 84114-5801 801-538-5340 801-359-3940 (Fax) 801-538-7223 (TDD)

FACSIMILE COVER SHEET

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	north Share Ltd.
	north Share Ita.
NUMBI	ER: 1-801-731-7985
M:	Joelle
	Minerals Reclamation and Development Program
NE:	(801) 538-5291
:	(801) 359-3940
ECT:	annual Report - m/003/037
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TRANSACTION REPORT

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State of Utah DEPARTMENT OF NATURAL RESOURCES DIVISION OF OIL, GAS AND MINING

1594 West North Temple, Suite 1210 PO Box 145801 Salt Lake City, Utah 84114-5801 801-538-5340

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Michael O. Leavitt
Governor
Lewell P. Braxton
Division Director

FACSIMILE COVER SHEET

DATE:	Jan 31,2001	
v	OF PAGES INCLUDING THIS COVER SHEET: 2	
TO:	north Share Ltd.	
FAX NUM	BER: 1-801-731-7985	
FROM:	Minerals Reclamation and Development Program	
PHONE:	(801) 538-5291	

STATE OF UTAH DEPARTMENT OF NATURAL RESOURCES DIVISION OF OIL, GAS AND MINING

1594 West North Temple - Suite 1210 Box 145801

Salt Lake City, Utah 84114-5801 Telephone: (801) 538-5291 Fax: (801) 359-3940

ANNUAL REPORT OF MINING OPERATIONS

The informational requirements of this form are based on provisions of the Mined Land Reclamation Act, Title 40-8. Utah Code Annotated 1953, as amended, and the General Rules as promulgated under the Utah Minerals Regulatory Program. An operator conducting mining operations under a Notice of Intention must file an annual operations and progress report (FORM MR-AR) with the Division.

I.	<u>Gene</u>	<u>ral Information</u>						
	1.	Report Time Period: From (mo./yr.) $\sqrt{98}$ To (mo./yr.) $\sqrt{298}$						
	2.	DOGM File Number (Mine No): M/003/037						
	3.	Mine Name: North Shore Natural Processing						
	4.	Mineral(s) Mined (or permitted to mine): Brine						
	5.	Type of mine ☐ Surface Mine or ☐ Underground Mine						
	6.	Legal Description (Location of Lands Affected):						
		1/4, $1/4$, $1/4$, Section $1/4$, Township $1/4$, Range $1/4$						
		1/4,1/4, Section, Township, Range						
		1/4,1/4,1/4, Section, Township, Range						
7.	Name	Name of Operator or Company: North Shore limited Partnershir						
	8.	Permanent Street Address: 1990 W 3300 S						
		City, State, Zip: Ogden, Utah 84401						
		Phone: 801-731-7040						
	9.	Company Representative (or designated operator):						
		Name: Covey D. Anderson						
		Title: <u>General Partner</u>						
		Business Address: 1990 W. 3300 S						
		City, State, Zip: <u>Ogden, Utah 84401</u>						
		Phone: 801-131-7040						
		Please check if any of the above information has changed since previous year.						
II.	Mining and Reclamation							
	1.	Was there any mine related activity during the past year? Yes ⋈ No □						
	2.	If no - what was the last year of activity? 15.85 acre feet						
	3.	If yes - how much ore or mineral was mined?						

4.	or additional surface disturbances that occurred during the past year.						
5.	How much additional acreage	was disturbed during the past year?					
6.	How much additional acreage was disturbed during the past year? How much acreage was reclaimed during the past year?						
7.	Briefly describe the reclamation work performed during the past year. This description should include methods employed, and an evaluation of the results.						
8.	What is the total disturbed acre	What is the total disturbed acreage of entire project at years end? 25 acres ponds + canals. Briefly summarize any mining and/or reclamation plans for the upcoming year. Add : 4-6 additional acres of ponds.					
9.	Briefly summarize any mining as						
NOTE:	Section III., "Additional Informa	tion" applies only to large mining operations.					
III. Addition	nal Information						
1.	An updated surface facilities map sh the previous map was submitted.	ould be attached if there have been significant changes since					
2.	Any monitoring results or other report of intention should also be attached.	orts that are required under the terms of the approved notice					
IV. Signati	ure Requirement						
I he	ereby certify that the foregoing is	s true and correct.					
	Name (Typed or Print):	Corey D. Anderson					
	Title of Operator:	Congal Parpoler					
	Signature of Operator:	- Chy ak					
	Date:	1-15-49					
jb a:\forms\MR-AR							